

UNITED STATES BANKRUPTCY COURT

MOR-1
CASE NAME: Southeast Regency Medical Center, LP
CASE NUMBER: 10-11923-CAG
PROPOSED PLAN DATE: 11/6/2010

PETITION DATE: 7/9/2010
DISTRICT OF TEXAS: Western
DIVISION: Austin

MONTHLY OPERATING REPORT SUMMARY FOR MONTH YEAR

MONTH	7-10-10 to 7-31-10	8/1/10 to 8/31/10	YEAR
REVENUES (MOR-6)	13,418.95	0.00	0.00
INCOME BEFORE INT: DEPREC/TAX (MOR-6)	0.00	0.00	0.00
NET INCOME (LOSS) (MOR-6)	11,105.73	0.00	0.00
PAYMENTS TO INSIDERS (MOR-9)	0.00	0.00	0.00
PAYMENTS TO PROFESSIONALS (MOR-9)	2,313.22	0.00	0.00
TOTAL DISBURSEMENTS (MOR-7)	0.00	0.00	0.00

The original of this document must be filed with the United States Bankruptcy Court and a copy must be sent to the United States Trustee

REQUIRED INSURANCE MAINTAINED AS OF SIGNATURE DATE	EXP. DATE
CASUALTY	No
LIABILITY	No
VEHICLE	YES () NO ()
WORKER'S	YES () NO ()
OTHER	YES () NO ()

CIRCLE ONE
Are all accounts receivable being collected within terms? Yes, CNB collecting some
Are all post-petition liabilities, including taxes, being paid within terms? Yes
Have any pre-petition liabilities been paid? No
If so, describe
Are all funds received being deposited into DIP bank accounts? Yes
Were any assets disposed of outside the normal course of business? No
If so, describe
Are all U.S. Trustee Quarterly Fee Payments current? Yes
What is the status of your Plan of Reorganization? In process

I certify under penalty of perjury that the following complete
Monthly Operating Report (MOR), consisting of MOR-1 through
MOR-9 plus attachments, is true and correct.

ATTORNEY NAME: Frank B. Lyon
FIRM NAME: Frank B. Lyon, Attorney at Law
ADDRESS: Northpoint I - Suite 150
6836 Austin Center Blvd
CITY, STATE, ZIP: Austin, Texas 78731
TELEPHONE/FAX: 512-345-8964/512-345-4393

SIGNED X Wayne R. Ausmus TITLE: Manager of General Partner
(OPTIONAL SIGNATURE)
DATE 9/17/10 Revised 07/01/98
(PRINT NAME OF SIGNATORY)

MOR-1

CASE NAME: Southeast Regency Medical Center, LP
CASE NUMBER: 10-11923-CAG

COMPARATIVE BALANCE SHEETS

ASSETS	7/9/2010 to 7/31/11	MONTH	8/1/10 to 8/31/10	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
CURRENT ASSETS									
Cash	0.00		0.00						
Accounts Receivable, Net	0.00		0.00						
Inventory: Lower of Cost or Market	0.00		0.00						
Prepaid Expenses	0.00		0.00						
Investments	0.00		0.00						
Other	1,412,039.64		1,412,039.64						
TOTAL CURRENT ASSETS	1,412,039.64		1,412,039.64		0.00	0.00	0.00	0.00	0.00
PROPERTY, PLANT & EQUIP. @ COST	17,609,487.09		17,609,487.09						
Less Accumulated Depreciation									
NET BOOK VALUE OF PP & E	17,609,487.09		17,609,487.09		0.00	0.00	0.00	0.00	0.00
OTHER ASSETS									
1. Tax Deposits	0.00		0.00						
2. Draw Reimbursements	0.00		0.00						
3. Electric Deposit	0.00		0.00						
4. Security Deposits, Draw Reimbursements	0.00		0.00						
TOTAL ASSETS	\$19,021,526.73		\$19,021,526.73		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Per Schedules and Statement of Affairs

Revised 07/01/98

MOR-2

CASE NAME: Southeast Regency Medical Center, LP
CASE NUMBER: 10-11923-CAG

COMPARATIVE BALANCE SHEETS

	7/10/10-7/31/10	8/1/10 - 8/31/10	MONTH	MONTH	MONTH	MONTH	MONTH
LIABILITIES & OWNER'S EQUITY							
LIABILITIES							
POST-PETITION LIABILITIES(MOR-4)	0.00	0.00					
PRE-PETITION LIABILITIES							
Notes Payable - Secured	15,162,710.13	15,162,710.13					
Priority Debt	511.13	511.13					
Federal Income Tax	0.00	0.00					
FICA/Withholding	0.00	0.00					
Unsecured Debt	3,581,555.31	3,581,555.31					
Other	276,750.16	276,750.16					
TOTAL PRE-PETITION LIABILITIES	19,021,526.73	19,021,526.73	0.00	0.00	0.00	0.00	0.00
TOTAL LIABILITIES	19,021,526.73	19,021,526.73	0.00	0.00	0.00	0.00	0.00
OWNER'S EQUITY (DEFICIT)							
PREFERRED STOCK	0.00	0.00					
COMMON STOCK	0.00	0.00					
ADDITIONAL PAID-IN CAPITAL	0.00	0.00					
RETAINED EARNINGS: Filing Date	0.00	0.00					
RETAINED EARNINGS: Post Filing Date	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OWNERS EQUITY (NET WORTH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL							
LIABILITIES & OWNERS EQUITY	\$19,021,526.73	\$19,021,526.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Per Schedules and Statement of Affairs

Revised 07/01/08

MOR-3

CASE NAME: Southeast Regency Medical Center, LP
CASE NUMBER: 10-11923-CAG

SCHEDULE OF POST-PETITION LIABILITIES

	MONTH 7/10/10-7/31/10	MONTH 8/1/10 - 8/31/10	MONTH	MONTH	MONTH	MONTH	MONTH
TRADE ACCOUNTS PAYABLE	0.00	0.00					
TAX PAYABLE							
Federal Payroll Taxes	0.00	0.00					
State Payroll Taxes	0.00	0.00					
Ad Valorem Taxes	0.00	0.00					
Other Taxes	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL TAXES PAYABLE	0.00	0.00					
SECURED DEBT POST-PETITION	0.00	0.00					
ACCRUED INTEREST PAYABLE	0.00	0.00					
ACCRUED PROFESSIONAL FEES*	0.00	0.00					
OTHER ACCRUED LIABILITIES							
1.	0.00	0.00					
2.	0.00	0.00					
3.	0.00	0.00					
TOTAL POST-PETITION LIABILITIES (MOR-3)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Payment requires Court Approval

MOR-4

Revised 07/01/98

CASE NAME: Southeast Regency Medical Center, LP
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AGING OF POST-PETITION LIABILITIES
MONTH 8/10 - 8/31/10

DAYS	TOTAL	TRADE ACCOUNTS	FEDERAL TAXES	STATE TAXES	AD VALOREM OTHER TAXES	MONTH
0-30	0.00					
31-60	0.00					
61-90	0.00					
91+	0.00					
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

AGING OF ACCOUNTS RECEIVABLE

MONTH					
0-30 DAYS					
31-60 DAYS					
61-90 DAYS					
91+ DAYS					
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

MOR-5

Revised 07/01/93

CASE NAME: Southeast Regency Medical Center, LP
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STATEMENT OF INCOME (LOSS)

	MONTH 7/10/10-7/31/10	MONTH 8/1/10 - 8/31/10	MONTH	MONTH	MONTH	MONTH	MONTH	FILING TO DATE
REVENUES (MOR-1)	3,296.88	13,418.95						16,715.83
TOTAL COST OF REVENUES	0.00	0.00						0.00
GROSS PROFIT	3,296.88	13,418.95	0.00	0.00	0.00	0.00	0.00	16,715.83
OPERATING EXPENSES:								
Selling & Marketing	0.00	0.00						0.00
General & Administrative	0.00	1,550.72						1,550.72
Insiders Compensation	0.00	0.00						0.00
Professional Fees	0.00	0.00						0.00
Other	0.00	762.50						762.50
Utilities	0.00	0.00						0.00
TOTAL OPERATING EXPENSES	0.00	2,313.22	0.00	0.00	0.00	0.00	0.00	2,313.22
INCOME BEFORE INT. DEPR/TAX (MOR-1)	3,296.88	11,105.73	0.00	0.00	0.00	0.00	0.00	14,402.61
INTEREST EXPENSE	0.00	0.00						0.00
DEPRECIATION	0.00	0.00						0.00
OTHER (INCOME) EXPENSE**	0.00	0.00						0.00
OTHER ITEMS**	0.00	0.00						0.00
TOTAL INT. DEPR. & OTHER ITEMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCOME BEFORE TAXES	3,296.88	11,105.73	0.00	0.00	0.00	0.00	0.00	14,402.61
FEDERAL INCOME TAXES	0.00	0.00						0.00
NET INCOME (LOSS) (MOR-1)	\$3,296.88	\$11,105.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,402.61

Accrual Accounting Required. Otherwise Footnote with Explanation.

* Footnote Mandatory.

** Unusual and/or infrequent item(s) outside the ordinary course of business requires footnote.

MOR-6

Revised 07/01/98

CASE NAME: Southeast Regency Medical Center, LP
CASE NUMBER: 10-11923-CAG

CASH RECEIPTS AND DISBURSEMENTS	MONTH 7/10/10-7/31/10	MONTH 8/1/10 - 8/31/10	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	FILING TO DATE
1. CASH-BEGINNING OF MONTH	\$0.00	\$3,296.88	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61	\$0.00
RECEIPTS:									
2. CASH SALES	0.00	0.00							0.00
3. COLLECTION OF ACCOUNTS RECEIVABLE	3,296.88	13,418.95							16,715.83
4. LOANS & ADVANCES (attach list)	0.00	0.00							0.00
5. SALE OF ASSETS	0.00	0.00							0.00
6. OTHER (attach list)	0.00	0.00							0.00
TOTAL RECEIPTS**	3,296.88	13,418.95	0.00	0.00	0.00	0.00	0.00	0.00	16,715.83
(Withdrawal) Contribution by Individual Debtor MFR-2*									0.00
DISBURSEMENTS:									
7. NET PAYROLL	0.00	0.00							0.00
8. PAYROLL TAXES PAID	0.00	0.00							0.00
9. SALES, USE & OTHER TAXES PAID	0.00	0.00							0.00
10. SECURED/RENTAL/LEASES	0.00	0.00							0.00
11. UTILITIES & TELEPHONE	0.00	0.00							0.00
12. INSURANCE	0.00	0.00							0.00
13. INVENTORY PURCHASES	0.00	0.00							0.00
14. VEHICLE EXPENSES	0.00	0.00							0.00
15. TRAVEL & ENTERTAINMENT	0.00	0.00							0.00
16. REPAIRS, MAINTENANCE & SUPPLIES	0.00	762.50							762.50
17. ADMINISTRATIVE & SELLING	0.00	1,550.72							1,550.72
18. OTHER (attach list)	0.00	0.00							0.00
TOTAL DISBURSEMENTS FROM OPERATIONS	0.00	2,313.22	0.00	0.00	0.00	0.00	0.00	0.00	2,313.22
19. PROFESSIONAL FEES	0.00	0.00							0.00
20. U.S. TRUSTEE FEES	0.00	0.00							0.00
21. OTHER REORGANIZATION EXPENSES (attach list)	0.00	0.00							0.00
TOTAL DISBURSEMENTS**	0.00	2,313.22	0.00	0.00	0.00	0.00	0.00	0.00	2,313.22
22. NET CASH FLOW	3,296.88	11,105.73	0.00	0.00	0.00	0.00	0.00	0.00	14,402.61
23. CASH- END OF MONTH (MOR-2)	\$3,296.88	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61	\$14,402.61

* Applies to Individual debtors only

**Numbers for the current month should balance (match)

RECEIPTS and CHECKS/OTHER DISBURSEMENTS lines on MOR-8

MOR-7

Revised 07/01/98

CASE NAME: Southeast Regency Medical Center, LP
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CASH ACCOUNT RECONCILIATION
MONTH OF 8/1/10 - 8/31/10

BANK NAME	Comerica	1881367278 #	#		
ACCOUNT NUMBER	OPERATING		PAYROLL	TAX	OTHER FUNDS
ACCOUNT TYPE					
BANK BALANCE	14,402.61				\$14,402.61
DEPOSITS IN TRANSIT	0.00				\$0.00
OUTSTANDING CHECKS	0.00				\$0.00
ADJUSTED BANK BALANCE	\$14,402.61		\$0.00	\$0.00	\$14,402.61
BEGINNING CASH - PER BOOKS	3,296.88				\$3,296.88
RECEIPTS*	13,418.95				\$13,418.95
TRANSFERS BETWEEN ACCOUNTS					\$0.00
(WITHDRAWAL) OR CONTRIBUTION BY					
INDIVIDUAL DEBTOR MFR-2	0.00				\$0.00
CHECKS/OTHER DISBURSEMENTS*	2,313.22				\$2,313.22
ENDING CASH - PER BOOKS	\$14,402.61		\$0.00	\$0.00	\$14,402.61

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*Numbers should balance (match) TOTAL RECEIPTS and
TOTAL DISBURSEMENTS lines on MOR-7

Revised 07/01/08

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PAYMENTS TO INSIDERS AND PROFESSIONALS

Of the total disbursements shown for the month, list the amount paid to insiders (as defined in Section 101(31)(A)-(F) of the U.S. Bankruptcy Code) and the professionals. Also, for insiders, identify the type of compensation paid (e.g., salary, commission, bonus, etc.) (Attach additional pages as necessary).

INSIDERS: NAME/COMP TYPE	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
1. Franklin Fidelity Mgmt-Payroll/Janitorial	7/10/10-7/31/10	8/1/10 - 8/31/10					
2.	0.00	2,313.22					
3.							
4.							
5.							
6.							
TOTAL INSIDERS (MOR-1)	\$0.00	\$2,313.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PROFESSIONALS	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
1.	7/10/10-7/31/10						
2.	0.00						
3.							
4.							
5.							
6.							
TOTAL PROFESSIONALS (MOR-1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Revised 07/01/98